

FILED

2-15-2008

FEB 15 2008

MICHAEL W. DOBBINS

UNITED STATES DISTRICT COURT, NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISIONPlaintiff(s) MARIAN LAFERRIERE)Case Number: 08C 0186Defendant(s) MID AMERICA BUILDING MAINTENANCE CO
PREMIER MANAGMEN SERVICES INC.Judge: NORGLE

MOTION FOR APPOINTMENT OF COUNSEL

1. I, MARIAN LAFERRIERE, declare that I am the (check appropriate box)☒ plaintiff ☐ defendant in the above-entitled proceeding and state that I am unable to afford the services of an attorney, and hereby request the Court to appoint counsel to represent me in this proceeding.2. In support of my motion, I declare that I have made the following attempts to retain counsel to represent me in this proceeding: I DID MAKE CALLS ALL MY OLD ATTORNEYS EXPLANATIONS ON OTHER PAGE ONLY TIMOTHY BARDON FROM JENNER & BLOCK DID GIVE SPECIFIC REASON FOR NO. AND I DONT HAVE MONEY TO PAID THIS CASE WILL BE TOO COMPLEX WITH TWO COMPANYS INVOLVE TO TRY BY MY SELF

3. In further support of my motion, I declare that (check appropriate box):

☐ I am not currently, nor previously have been, represented by an attorney appointed by the Court in this or any other civil or criminal proceeding before this Court.☐ I am currently, or previously have been, represented by an attorney appointed by the Court in the proceeding(s) described on the back of this page.

4. In further support of my motion, I declare that (check appropriate box):

☐ I have attached an original Application for Leave to Proceed *In Forma Pauperis* in the proceeding detailing my financial status.☒ I have previously filed an Application for Leave to Proceed *In Forma Pauperis* in this proceeding, and it is a true and correct representation of my financial status.☐ I have previously filed an Application for Leave to Proceed *In Forma Pauperis* in this proceeding. However, my financial status has changed and I have attached an Amended Application to Proceed *In Forma Pauperis* to reflect my current financial status.

5. I declare under penalty that the foregoing is true and correct.


Movant's Signature944 W MONTROSE AV.
Street Address02-14-08
DateCHICAGO IL 60613
City, State, ZIP

As indicated in paragraph three on the opposite page, I am currently, or previously have been, represented by an attorney appointed by this Court in the civil or criminal actions listed below.

Assigned Judge: CHARLES R. NORGLER Case Number: 104 CV 0287

Case Title: Discrimination ANSWER

Appointed Attorney's Name: DENIS CONDON CALL - I DONT DOO PLAINTIFFS

If this case is still pending, please check box ☐ NO

Assigned Judge: JOHN W. DABAH Case Number: 04 CV 2387

Case Title: DISCRIMINATION

Appointed Attorney's Name: RICHARD PERNA I HAVE COMPLAINT AGAINST

If this case is still pending, please check box ☐ NO RICHARD PERNA FOR BAD REPRESENTATION

Assigned Judge: ALANDER KEYS Case Number: 104 CV 02728

Case Title: DISCHARGE

Appointed Attorney's Name: TIMOTHY BARON JENER & BLOCK ANSWER NO - NO CLEAR

If this case is still pending, please check box ☐ NO REASON

Assigned Judge: ROBERT W. GETTLEMAN Case Number: 106 - CV 3244

Case Title: REFUSE TO HIRE

Appointed Attorney's Name: ALISON M. MCINTIRE ASIGN NO LONGER WITH

If this case is still pending, please check box ☐ NO THE FIRM

7/18/02

UNITED STATES DISTRICT COURT FOR THE
NORTHERN DISTRICT OF ILLINOISIN FORMA PAUPERIS APPLICATION
AND
FINANCIAL AFFIDAVITMARIAN LAFERRIERE

Plaintiff

MID AMERICA BUILDING MAINTENANCE CO.
v.
PREMIER MANAGEMENT SERVICES INC.
Defendant(s)CASE NUMBER 08C0186
JUDGE CHARLES R. NORGLE

Wherever ☐ is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT:

I, MARIAN LAFERRIERE, declare that I am the ☒ plaintiff ☐ petitioner ☐ movant (other _____) in the above-entitled case. This affidavit constitutes my application ☐ to proceed without full prepayment of fees, or ☐ in support of my motion for appointment of counsel, or ☐ both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☐ Yes ☒ No (If "No," go to Question 2)
I.D. # _____ Name of prison or jail: _____
Do you receive any payment from the institution? ☐ Yes ☒ No Monthly amount: _____

2. Are you currently employed? ☐ Yes ☒ No
Monthly salary or wages: _____
Name and address of employer: _____

a. If the answer is "No":
Date of last employment: END of NOV 07
Monthly salary or wages: NET 1200 MONT
Name and address of last employer: MD - AMERICA BUILDING MAINTENANCE INC.
550 FRONTAGE RD STE #283 NORTHFIELD IL 60093

b. Are you married? ☐ Yes ☒ No
Spouse's monthly salary or wages: _____
Name and address of employer: _____

3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same address received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.

a. Salary or wages ☐ Yes ☒ No
Amount _____ Received by _____

- b. ☐ Business, ☐ profession or ☐ other self-employment ☐ Yes ☒ No
Amount _____ Received by _____
- c. ☐ Rent payments, ☐ interest or ☐ dividends ☐ Yes ☒ No
Amount _____ Received by _____
- d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurance, ☐ disability, ☐ workers' compensation, ☐ unemployment, ☐ welfare, ☐ alimony or maintenance or ☐ child support ☐ Yes ☒ No
Amount _____ Received by _____
- e. ☐ Gifts or ☐ inheritances ☐ Yes ☒ No
Amount _____ Received by _____
- f. ☐ Any other sources (state source: _____) ☐ Yes ☒ No
Amount _____ Received by _____

4. Do you or anyone else living at the same address have more than \$200 in cash or checking or savings accounts? ☐ Yes ☒ No Total amount: _____
In whose name held: _____ Relationship to you: _____
5. Do you or anyone else living at the same address own any stocks, bonds, securities or other financial instruments? ☐ Yes ☒ No
Property: _____ Current Value: _____
In whose name held: _____ Relationship to you: _____
6. Do you or anyone else living at the same address own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)? ☐ Yes ☒ No
Address of property: _____
Type of property: _____ Current value: _____
In whose name held: _____ Relationship to you: _____
Amount of monthly mortgage or loan payments: _____
Name of person making payments: _____
7. Do you or anyone else living at the same address own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? ☐ Yes ☒ No
Property: _____
Current value: _____
In whose name held: _____ Relationship to you: _____
8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here ☒ No dependents

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: 02-14-08


Signature of Applicant

MARIAN LAFERRE
(Print Name)

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account—prepared by each institution where you have been in custody during that six-month period—and you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant named herein, _____, I.D.# _____, has the sum of \$ _____ on account to his/her credit at (name of institution) _____.

I further certify that the applicant has the following securities to his/her credit: _____. I further certify that during the past six months the applicant's average monthly deposit was \$ _____.
(Add all deposits from all sources and then divide by number of months).

DATE

SIGNATURE OF AUTHORIZED OFFICER

(Print name)